NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Water Supply Protection

Water System Operation Report

For Systems that Treat with Chlorine and/or Ultraviolet Radiation

Public Water System Name	Reporting Month/Year __ __/2 0 __ __ MM YYYY	Date Report Submitted __ __/__ __/2 0 __ __ MM DD YYYY	Source Water Type(s) ☐ Surface ☐ Ground ☐ GWUDI ☐ Purchase with subsequent chlorination ☐ Purchase w/out subsequent chlorination
Public Water System ID NY ___ ___ ___ ___ ___ ___ ___	County	Town, Village or City	

DATE	Source (s) in use	Treated water volume (gallons/day)	Chlorination				Ultraviolet Radiation / Other Treatments					
			Gaseous		Liquid							
			Cylinder weight (lbs.)	Chlorine used per day (lbs.)	Hypochlorite added to crock (gallons or quarts)	Free chlorine residual at entry point (mg/l)	UV Unit Active (Yes/No)	Intensity Meter >70 %				
1												
2												
3												
4												
5												
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27												
28												
29												
30												
31												
TOTAL												
AVG.												

Chlorine Mix Ratio = _____ quarts/gallons of _____ % chlorine added to _____gallons of water in crock.

Date UV quartz sleeve last cleaned:_____ Date UV lamp replaced: _____ Alarm activation (yes or no) If "yes," date of activation: _____

Reported by:_____ Title: _____ NYSDOH Operator Certification Number _____

Signature: _____ Date: _____ Operator Grade Level:_____

Microbiological Samples and Free Chlorine Residual

Sample Location	Date of Sample	Sample Type 1.Routine 2. Repeat	Total Coliform Positive	E.coli Positive	Free Chlorine Residual (mg/l)
			YES NO	YES NO	
			YES NO	YES NO	
			YES NO	YES NO	
			YES NO	YES NO	
			YES NO	YES NO	
			YES NO	YES NO	
			YES NO	YES NO	
			YES NO	YES NO	
			YES NO	YES NO	
			YES NO	YES NO	
			YES NO	YES NO	
			YES NO	YES NO	
			YES NO	YES NO	
			YES NO	YES NO	
			YES NO	YES NO	
			YES NO	YES NO	
			YES NO	YES NO	

Population Served:_____

Number of microbiological monitoring samples required:_____

Number of microbiological monitoring samples taken: _____

Did a M&R violation occur? Yes☐ No☐

If "Yes," check reason (s) below:

___Actual number of samples is fewer than required
___Did not collect/analyze repeat sample
___Did not collect/analyze for E. coli for positive total coliform from routine / repeat sample

Did a MCL violation occur? Yes☐ No☐

If "Yes," check reason(s) below (see also Part 5, Table 6 for Additional information).

___For systems collecting less than 40 samples per month: two or more of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).

___For systems collecting 40 or more samples per month: more than 5% of the samples (routine and/or repeat) are positive for total coliform (= total coliform MCL violation).

___The original sample was E.coli positive and at least 1 repeat sample was positive for total coliform (= E.coli MCL violation).

Reminder: System must collect a minimum of five (5) routine microbiological monitoring samples during the month following a repeat sample collection unless waived (to minimum of one sample) in writing by the local health department.

As required by 5-1.72, "Operation of a Public Water System," a copy of this form shall be sent to your local health department by the 10th calendar day of the next reporting period.

Sample collector(s):_____

Name of NYSDOH Certified Laboratory: _____

Did any MCL violation occur? If so, please describe: _____

_____

_____

_____

Did an emergency or low pressure problem occur? Did source water bypass an existing treatment process in the system? If so, please explain: _____

_____

_____

_____

Comments :_____

_____

_____

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